

CORINA ELENA COTENESCU

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

AIRBNB

888 BRANNAN ST. SAN FRANCISCO
CALIFORNIA
94103

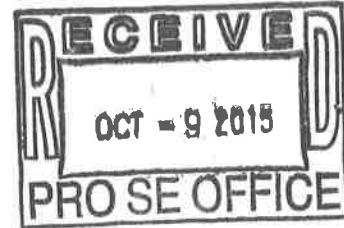
tel: 415 - 800 - 5959

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

15CV7979

COMPLAINT

Jury Trial: Yes No
(check one)



I. Parties in this complaint:

A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name CORINA E. COTENESCU
Street Address 180 Riverside Blvd #14R
County, City NEW YORK, NY, 10069
State & Zip Code 10069
Telephone Number 917-291-7644

B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name AIRBNB
Street Address 888 BEANNAN ST. SAN FRANCISCO, CA
94103

County, City STAN FRANCISCO, CALIFORNIA
 State & Zip Code 94103
 Telephone Number 415-800-5959

Defendant No. 2 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

Defendant No. 3 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

Defendant No. 4 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

Federal Questions

Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? DISCRIMINATION, MISREPRESENTATION

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

US Citizens

Defendant(s) state(s) of citizenship _____

US Company

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? NEW YORK

B. What date and approximate time did the events giving rise to your claim(s) occur? 2009-2015

C. Facts:

What happened to you?

MISPAYMENT - did pay me what I was owe

Who did what?

ACUSSATIONS of DISCRIMINATION, Hang up,
Didnt protect & help me

Was anyone else involved?

Yes - the GUESTS- alway difended & protected
the guest against me
the host

Who else saw what happened?

Online - emails documented
+ text

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

THREATS

OFFENSES

MISPAYMENT

MISTREATMENT

DISCRIMINATION

OFFENSIVE / DISRESPECTFUL TREATMENT

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I WOULD LIKE 6% share value of the company.
(six percent)

I been when them one 2009 when they
started and my partner help them
establish.

I was discriminated and mistreated after
all these years!

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 8 day of October, 2015.

Signature of Plaintiff

Mailing Address


180 Riverside Blvd #14R
New York, NY, 10069

Telephone Number

917-291-7644

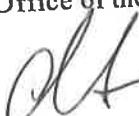
Fax Number (if you have one)

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this 8 day of October, 2015 I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:



Inmate Number
